

# MDS-HC Assessment Training

## “Mrs. T” – Case Study

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### **Instructions:**

Read the case study below and complete the MDS-HC Assessment form (including MDS-HC Face Sheet) for Mrs. Martha Bell Testcase (“Mrs. T”). Each paragraph has been numbered for easy reference. **If a condition is not noted, assume there is no problem in that area.**

### **Case Study:**

1. You are a Support Coordinator for Best Support Coordination Agency in Region 2. Mrs. Martha Bell Testcase (Mrs. T) has chosen your Support Coordination agency and was recently assigned to your caseload. Mrs. T. was on the Request for Services Registry (RFSR) for Elderly Disabled Adult (EDA) Waiver Services.
2. You have made arrangements to meet Mrs. T., her husband, Mr. Tom Testcase (Mr. T.), one of her sons, Mr. Sam Testcase, and her daughter-in-law, Gloria Testcase, this morning at the home she and her husband have lived in for the past 20 years. Mr. and Mrs. T. are the only persons who reside in their home.
3. Mrs. T:
  - is Caucasian;
  - was born on 7/13/1930;
  - her social security number is 000-12-3457;
  - her Medicaid number is 00001234567890;
  - her address is 3330 Green Street, Baton Rouge, LA 70802;
  - her Phone # is (225) 111-0000;
  - her primary care doctor is Dr. Fred Bombay;
  - her RA doctor is Dr. Ruby Red;
  - her cardiologist is Dr. Gilbert Grape;
  - her neurosurgeon is Dr. Sue Gray, and;
  - her natural (non-paid) support include her husband, Mr. T., her two sons, Sam and Larry Testcase, their wives, Gloria and Betty Testcase, respectively, and her neighbors, John and Mary Goodneighbor.
4. Mrs. T. completed high school, and went on to attend one semester of community college. She has been married to Mr. T. for the past 60 years. She and Mr. T. raised 4 children, 2 sons and 2 daughters. Mrs. T’s daughters both live out of state, and are currently not involved in her day-to-day care due to

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health issues of their own. Mrs. T. states she speaks English, and likes to read home and gardening magazine articles when she is not feeling poorly. Mrs. T. states that she “used to enjoy listening to books on tape”, but that she has not felt well enough to return to that activity since prior to her recent hospitalization to remove a blood clot from her brain. Mrs. T. reports she has never been in a nursing home, and “dreads thinking about having to go to one in the event her family is unable to care for her at home”.

5. Mrs. T. is at ease during the assessment interview. Mr. T. states that his wife was recently (2 weeks ago) released from a “Skilled Nursing Rehab Hospital” where she was admitted post hospitalization for “brain surgery” to remove a blood clot from her brain that resulted from a fall she sustained about 2 months ago. Mrs. T. was admitted to the hospital for surgery 2 months ago.
6. Mr. T. reports that Mrs. T. is “sometimes hard to understand”, and that the neurosurgeon told them this was “common after brain surgery due to the brain swelling”, and that she should totally regain her ability to speak more “normally” within the next few weeks. Mrs. T’s speech is slightly slurred at times, but is easily understood. In addition, Mrs. T. pauses at times as if to recall certain words, but if given time, she responds without any prompting or cueing. Mrs. T’s comprehension and ability to understand others appears to be intact. Mrs. T. has no problems with hearing and she wears reading glasses to see in normal lighting without difficulty. Mrs. T. reports that she has yearly eye exams due to a family history of developing “Tunnel Vision” as they get older.
7. Mrs. T. was diagnosed with Rheumatoid Arthritis (RA) several years ago, and states this condition has gotten progressively worse within the past year. She often experiences “severe pain” and inflammation in her arms, hands, and legs on a daily basis. When asked, Mrs. T. reports that she is taking Darvocet-N 100 mg., one tablet every 4 hours for pain, and has to take it “very often” because it does not control her pain very well. When asked, Mrs. T. reports that on a scale of 1-10, with 10 being the most extreme level of pain, her pain level is usually between a 7 and an 8. Mrs. T. reports that she used to take a medication for her RA called “Methotrexate” via injection, but had to stop due to severe side effects. Mrs. T’s RA physician, Dr. Ruby Red, also treated her with “Remicade”, administered via an IV, but Mrs. T. reported that she had to stop those treatments due to an “enlarged liver”. Mrs. T.’s doctors are still “running test” to find the cause of the enlarged liver, and have avoided putting her on any new medications, other than those she is currently on.

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8. Mrs. T. stated that she was recently (3 months ago) diagnosed with a heart condition she calls “leaky heart valves”. This condition causes her to get short of breath, fatigue easily, and to feel “very dizzy” at times. Mr. and Mrs. T. believe her heart condition and RA have contributed to her recent falls. Mrs. T. reports that she was on “Coumadin” to “thin her blood” due to her heart condition, but that her neurosurgeon discontinued that medication prior to operating on her to remove the blood clot due to the danger of uncontrolled bleeding during surgery due to the effects of Coumadin. Mrs. T. is not sure when/if she needs to get back on that medication.
9. Mrs. T. reports that she also takes Timolo, 20 mg. x 1 daily for her high blood pressure, Simvastatin, 30 mg. x 1 daily for “high cholesterol levels, Lasix, 40 mg. x 1 daily, a “water pill”, Prozac, 20 mg. x 1 daily for “depression”, and Dilantin, 100 mg. x 3 daily due to seizures she experienced post her recent surgery to remove the blood clot from her brain. Mrs. T. reports that she takes her medications as prescribed, except for the “water pill” because it “makes her go to the bathroom too often” to the point she feels totally “rung out” by the end of the day. Mrs. T. openly expresses her discontent with family members and others who “insist she take her water pill as prescribed so she won’t have problems with her heart”. Mrs. T. reports that she has not had any one doctor review her medications at any time during the past or present time.
10. Mrs. T. reports she has fallen a total of 5 times within the past 3 months, with the last 2 falls causing her to hit her head, and eventually leading to her having a blood clot removed from the left side of her skull, in the area between the left, top ear and top of her head. Mrs. T.’s hair is just now growing back over a 2 inch surgical incision in that area of her head. Mrs. T. notes that her doctor told her that her surgical incision is healing nicely, but that she has to be “very careful when washing and drying her hair until her scalp heals completely.”
11. Mrs. T and her husband report that she started receiving Home Health services last week. The HH nurse for LA HH Services visited her for the first time last week (5 days ago), for about 1 hour, and is coming next week to check on Mrs. T. regarding the progress she is making toward healing of surgical scalp incision, monitoring of her blood pressure, and to evaluate her status regarding post surgery seizures. Mrs. T. and her husband report that Mrs. T. has not had any seizures since being discharged from the hospital 2 months ago.

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12. Mrs. T. reports that she makes good daily decisions, but her son, Sam and daughter-in-law Gloria, report (in a private conversation with you) that they are “very concerned” about Mrs. T’s ability to make good decisions. When asked to give an example of the type of behavior they are referring to, both Sam and Gloria report that several of the recent falls Mrs. T. experienced are directly attributed to her “not using her walker consistently” when walking from her bed to the bedside commode, or to other parts of the house. Sam and Gloria are also concerned regarding Mrs. T’s “mental condition” because she seems very forgetful now, and often reverts back to “old memories”, but does not seem to remember recent events, like when she’s had her last pain medication. They are both concerned that she will “over dose” on her pain medication. Sam and Gloria also report that Mrs. T. appears confused at times regarding simple steps like getting dressed. Both report that Mrs. T. is often trying to get her pajama pants on before she gets her under ware on, or getting her slippers on before she gets her pants on. Sam, Gloria and Mr. T. both report that Mrs. T. has had no sudden or new changes in her mental functioning since before she was admitted to the hospital, 2 months ago. Prior to her hospitalization, Mrs. T. was exhibiting “very strange behavior” in the form of “seeing her deceased father inside a water globe”. This type of behavior has not been exhibited since Mrs. T. was admitted, and eventually released, from the rehab facility post her recent surgery to remove the blood clot from her brain.
13. Mrs. T. has no unusual or inappropriate behavioral symptoms such as wandering, being verbally abusive, etc.
14. Mrs. T. reports that prior to her recent hospitalization, she was the one who managed their finances, but that she has not been able to do so for quite some time now. Mr. T. reports that their sons, Sam and Larry, manage all of their finances. Larry has financial Power of Attorney, and Sam reviews and organizes the bills for them. Mr. T. reports that he goes to the grocery store at least twice a week, and obtains a shopping list from Mrs. T. for all her needs. Mr. T. last went shopping for Mrs. T. 3 days ago. Mr. T. also reports that his wife does not usually leave the house, and that she has not been shopping, done laundry, house cleaning, meal preparation, etc. within the last year due to her RA condition. Mr. T. also states that his wife spends the majority of her time in bed, in her nightgown or pajamas.
15. Sam and Gloria report that they live about one hour away from Mr. and Mrs. T.,

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so they are not able to assist her, other than call them several times a week to provide emotional support and visit them every other week to help with cutting the grass, and organize their bills. Mr. T. reports that he is concerned when he has to leave the house to go grocery shopping, pick up medications from the pharmacy, and attend to his own medical appointments. Mr. T. reports that he tries not to be gone for more than 1 hour at a time, but that this is often not possible, especially when he has to go to his medical appointments. When asked if there are any other family members, friends, neighbors who currently assist his in caring for his wife, Mr. T. states that their neighbors, Mr. and Mrs. Goodneighbor, had been occasionally “watching out” for his wife when he had to run errands, but that he could not depend on them now because of the degree physical assistance his wife now requires, and recent health problems his neighbors have developed.

16. When asked, Mrs. T. stated she has not left her home since coming home from the rehab hospital 2 weeks ago. A Home Health aide has been assisting her with weight-bearing assistance to transfer off and on the bed and chair 3 times a week. Mrs. T. uses a walker to ambulate inside her home, but reports she has not left her home since coming home from the rehab hospital.
17. Her husband, Mr. T. tries to assist her with getting her in and out of bed, toileting, etc., but he becomes very fatigued by the end of the day, and has almost “dropped her” during those times. Mrs. T. also reports that her husband has a chronic ear wax build up condition that makes him hard of hearing, and that this coupled with his fatigue, makes it very hard to wake him up once he has fallen asleep at night. As a result, Mrs. T. reports that she has almost fallen trying to get off and on the bedside commode by herself. The HH aide was there yesterday and assisted her with weight-bearing off and on the toilet.
18. Mrs. T. reports that she has not been wearing under ware, and has been wearing nightgowns since returning home from the rehab hospital 2 weeks ago. Mrs. T. wants to be able to take a daily bath, but states she needs “a lot of help” to do so, and reports that the HH aide only comes 3 times a week on Monday, Wed., and Friday’s, for about 1 hour each day. The HH aide helps Mrs. T. with a bath, ambulation to and from the bedside commode and bathroom, transferring, grooming, and toileting. Mrs. T. reports that she is able to wash her face and hands, and use her electric toothbrush by herself if grooming items are placed within her reach. The HH aide and Mr. T. have assisted Mrs. T. with her grooming by placing items within reach everyday this week.

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19. Mrs. T. states that her husband transports her to her doctor’s appointments and that she is able to get in and out of a vehicle with “a lot of assistance”. Mrs. T. is concerned that her husband “will drop her” while trying to get her in and out of the car because he is “not as strong as he used to be and gets tired very easily”. Mrs. T would like someone to accompany them to her doctor’s appointments as needed. She currently has at least 2 doctor’s appointments a month.
20. Mrs. T. is able to dial and respond to telephone calls and talks to her family members several times a week without difficulty.
21. Mrs. T. reports that she has no skin sores, burns rashes, etc., and that the HH nurse has ordered a “special mattress pad” to help with avoiding pressure sores. Mrs. T. has had at least 2 wetting accidents in the past week, and states that this is “very depressing to her”. There are blue pads on her bed to protect from getting urine on her if she wets the bed. Mrs. T. states that she likes to drink plenty of water during the day, but has avoided taking her “water pill” so she won’t wet on herself. Mrs. T. reports that she does not have “Number 2” accidents on herself, and has been able to make it to the bedside commode when she has needed to have a bowel movement. Mrs. T. reports no problems with diarrhea, constipation, fever, shortness of breath, chest pain, or any other conditions other than those already mentioned. Mrs. T. is able to eat independently if food is placed within reach, and her meats are cut up for her. Mrs. T. has been eating in her bedroom, but would like someone to assist her so she can start eating her meals at the kitchen table. Mrs. T. states that she is able to take her medication, but has to be reminded to do so – her husband tries to remind her, but he sometimes forget to do so. The HH nurse has been fixing her pills in a pill dispenser box each week.
22. Mrs. T. reports that she feels very safe in her home and neighborhood, but sometimes feels lonely when her husband has to leave to run errands. Mrs. T. reports that she get “depressed” and feels like she “doesn’t want to be around anymore” because of the RA pain and current health issues. Mrs. T. reports that she has cried everyday this week, at least once a day. Mrs. T. appears distressed when discussing her current health issues and states she does not believe her condition will improve because her heart and liver conditions make it difficult to treat her RA and related pain. Mrs. T. states that she does not believe that she is in good health, and Mr. T. agrees with his wife’s opinion in this respect.



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23. Mrs. T. has experienced a gradual decline in her health due to the RA and recent fall related injuries, and now requires weight-bearing assistance with transferring, bathing, and getting off and on the toilet. She has required this type of assistance during the past week, at least 3 times each day.
24. Mrs. T. states that the HH nurse was in the process of scheduling her for some Physical and Occupational Therapy to improve her leg strength and ability to walk and do more for herself. Mrs. T. required weight-bearing assistance at least 3 times during the past week with walking to and from her bedside commode, but reports she has been able to wipe herself if toilet tissue is handed to her. Mrs. T. has opted not to wear under ware or street clothes since returning home from the hospital to aide her with toileting, but would like to “start getting back to normal” in this respect if at all possible. Mrs. T. is able to position herself in the bed, but required weight-bearing assistance at least 5 times during the past week to sit up in bed.
25. Mrs. T. reports that she has an “Advanced Directive” in place in the form of a “Living Will” where she has specified that she is not to have “any type of artificial life sustaining measures” in the event that her health condition was such that she became a “vegetable” and could not speak for herself.
26. Mrs. T. routinely receives blood pressure monitoring from the HH nurse, and yearly flu shots from her doctor, as well as a mammogram every 2 years. Mrs. T. also recently had a check for blood in her stool, and test results were negative.
27. Sam and Gloria report that they are concerned about both Mr. and Mrs. T., and that Mr. T’s health has declined dramatically in a short period of time as a result of trying to care for his wife’s deteriorating health condition. They also report that Mr. T’s loss of hearing has contributed to him getting easily confused and flustered to the point that they are worried he may wind up in the hospital himself and thus not be able to care for Mrs. T. Sam and Gloria, along with Mr. T., would like to do everything possible to honor Mrs. T’s wishes to remain in her home and community for as long as possible.